

=====DRAFT UNAPPROVED=====

**VIRGINIA BOARD OF MEDICINE
MINUTES
Ad Hoc Committee on Opioids**

Friday, May 18, 2007 Department of Health Professions Richmond, Virginia

CALL TO ORDER: The meeting of the Ad Hoc Committee convened at 9:15 a.m.

MEMBERS PRESENT: Malcolm L. Cothran, Jr., MD, Chair
 Pamela Bailey, PA-C
 John Barsanti, MD
 Ralph Orr
 Lynn Poole, LNP
 Scotti Russell
 Wayne Van Zee, MD

MEMBERS ABSENT: Patrick Clougherty, MD
 Stephen Long, MD

STAFF PRESENT: William L. Harp, MD, Executive Director
 Ola Powers, Deputy Executive Director of Licensing
 Jennifer Deschenes, Deputy Executive Director of Discipline
 Amy Marschean, Assistant Attorney General
 Elaine Yeatts, Senior Policy Analyst, DHP
 Colanthia Morton Opher, Recording Secretary

OTHERS PRESENT: Tyler Cox, MSV
 Michele Satterlund, VCNP
 Mary Duggan, VCNP

SUMMARY OF MEETING:

Dr. Cothran called the meeting to order. A roll call was conducted, quorum declared and the Emergency Evacuation Instructions were given.

Dr. Van Zee moved to approve the minutes of January 5, 2007. The motion was seconded and carried.

Ms. Poole moved to adopt the agenda as presented. The motion was seconded and carried.

Michelle Satterlund addressed the Committee on behalf of the Virginia Council for Nurse Practitioners and thanked the Committee for their work on this important issue and

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suggested that the word “prescriber” be incorporated into the regulations rather than the continued use of word “physician”. Ms. Satterlund stated that prescriber would be more inclusive of the health care providers that will be affected by the regulations.

Ralph Orr, Program Manager with the Board of Pharmacy, briefed the Committee on the mission and goals of the Prescription Monitoring Program, provided a sample of a patient utilization report and apprised the Committee of future expectations of the program to include online pain management continuing medical education availability.

After Mr. Orr’s presentation, Ms. Yeatts walked the Committee through the proposed regulations beginning with the suggestion that a definition for acute and chronic pain be included, and a time period by which the physician can be held accountable for the treatment of acute pain and management of chronic pain.

The Committee’s suggestions and motions were as follows:

Dr. Cothran suggested the use of the language from B (7)J Medications... be used under section A(2). The Committee concurred.

Ms. Poole moved and Dr. Barsanti seconded that some description be used in A(2). The motion was carried without further discussion.

Dr. Cothran suggested the term chronic non-malignant pain be used in B(1). The Committee concurred.

Dr. Barsanti moved to revise B(2) to read: Prior to initiating management of chronic pain with a controlled substance, a medical history and physical examination shall be performed and documented in the medical record. Prior to any subsequent treatment with controlled substances, medical records shall document the nature... The motion was seconded and carried.

Dr. Van Zee suggested that “family history of psychiatric illness, addiction and substance abuse” be added to the last sentence in B(2). The Committee concurred.

Ms. Yeatts suggested that language other than “the prescriber shall be attentive” be used in B(3) stating this language is not standard. Dr. Harp suggested “the prescriber shall record in the patient record the presence or absence any indicators for medication misuse, abuse or diversion” stating this will serve as some protection to the practitioner, especially in drug diversion cases. The Committee concurred.

Dr. Van Zee moved that B(2) include drug screen as part of the initial evaluation. The motion was seconded and carried with one opposing.

Dr. Van Zee moved that B(4) be amended to read ” the treatment agreement shall include permission for the practitioner to obtain a urine, serum medication level screening, when requested, screening results and reports from the practitioner and from the Prescription Monitoring Program.” The motion was seconded and carried.

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Dr. Barsanti suggested that the language “objective evidence” used in #5- Periodic Review be changed noting the difficulty in having anything that is objective. After discussion, the Committee agreed that more appropriate language would be “documentation of continued benefit”.

Under #7- Medical Records, Ms. Russell moved to change (f) to treatment goals, add a new (g) treatment plan and renumber the remaining list. The motion was seconded and carried.

Ms. Russell suggested that consideration be given for placing somewhere in the document “for purposes of this section the term controlled substance refers through Schedule II through IV”. The Committee concurred.

The Committee also agreed that a guidance document with sample consent agreement should be drafted for consideration.

Ms. Yeatts asked for indulgence for wording for the purpose of clarity and continuity.

With no further business to discuss, the meeting was adjourned at 4:42 p.m.

Malcolm Cothran, MD
Chair

William L. Harp, M.D.
Executive Director

Colanthia Morton Opher
Recording Secretary